

Los Angeles County Dept. of Mental Health

Student Professional Development Program

2016-2017 Academic Year

Complete this form for each discipline to be placed at this agency:

- ☐ **Psychology**
 ☐ Practicum
 ☐ Clerkship/Internship
 ☐ Externship
☒ **Social Work**
 ☒ **Specialization: Mental Health, Adults & Older Adults**
 ☐ Macro/Administrative
☐ **MFT**
☐ **Occupational Therapy**
☐ **Other (specify):** _____

Service Area

4

DMH Agency:	Northeast Mental Health Center
DMH Agency Address:	5321 Via Marisol Los Angeles, CA 90042
Agency Liaison:	Jennifer Ruiz, LCSW
New or Returning	<input checked="" type="checkbox"/> New <input type="checkbox"/> Returning
Liaison Email Address:	jeruiz@dmh.lacounty.gov
Liaison Phone Number:	323-478-8200
Liaison Fax Number:	323-344-8829
Agency ADA Accessible	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No" Identify: _____

Student Requirements:

How many positions will you have?	1-2
Beginning and ending dates:	Flexible

Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services):

Monday	8:00 a.m. – 5:00 p.m.
Tuesday	8:00 a.m. – 5:00 p.m.
Wednesday	8:00 a.m. – 5:00 p.m.
Thursday	8:00 a.m. – 5:00 p.m.
Friday	8:00 a.m. – 5:00 p.m.

*Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR (Training), SUP (Supervision)*

Monday	Either Wednesdays or Thursdays (TR)
Tuesday	Either Wednesdays or Thursdays (TR)
Wednesday	Either Wednesdays or Thursdays (TR)
Thursday	Either Wednesdays or Thursdays (TR)
Friday	Either Wednesdays or Thursdays (TR)
Total hours expected to be worked per week:	16-20 hours
How many clients would the student have at one time?	Five
What cultural groups and language services are	Latino, Filipino, Asian, African American &

Los Angeles County Dept. of Mental Health

provided at your site?	Caucasian.
What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)?	Academic Year

Provide a short description of your site and services offered:

--

Students will provide services for (please check all that apply):

<input checked="" type="checkbox"/> Individuals	<input type="checkbox"/> Consultation/Liaison
<input checked="" type="checkbox"/> Groups	<input type="checkbox"/> Psycho-Educational Groups (e.g. Parenting)
<input type="checkbox"/> Families	<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Children 0-5	<input checked="" type="checkbox"/> FSP
<input type="checkbox"/> Children & Adolescents	<input checked="" type="checkbox"/> FCCS
<input checked="" type="checkbox"/> Adults	<input type="checkbox"/> Specialized Foster Care
<input checked="" type="checkbox"/> Older Adults	<input type="checkbox"/> AB109
<input type="checkbox"/> Court/Probation referred	<input type="checkbox"/> Veterans

Evidenced Based Practices/Promising Practices offered at your agency:

<input type="checkbox"/> Child-Parent Psychotherapy	<input checked="" type="checkbox"/> Seeking Safety
<input checked="" type="checkbox"/> Crisis Oriented Recovery Services	<input type="checkbox"/> Trauma Focused Cognitive Behavioral Therapy
<input type="checkbox"/> Dialectical Behavior Therapy	<input type="checkbox"/> Triple P – Positive Parenting Program
<input type="checkbox"/> Families Over Coming Under Stress	<input type="checkbox"/> Other (Specify) PCIT
<input type="checkbox"/> Managing and Adapting Practices	<input checked="" type="checkbox"/> Other (Specify) CORS

Students will provide (please check all that apply):

<input checked="" type="checkbox"/> Brief Treatment	<input checked="" type="checkbox"/> Screening and Assessment
<input checked="" type="checkbox"/> Long – Term Treatment	<input checked="" type="checkbox"/> Crisis Intervention
<input type="checkbox"/> For Psychology Students Only: Testing percentage: 20% Treatment percentage: 80%	

What are the most frequent diagnostic categories of your client population?

Mood Disorders (Depression, Bipolar), Anxiety Disorders (GAD, PTSD), Thought Disorders (Schizophrenia, Schizoaffective)

What specific training opportunities do students have at your agency?

Field-based experience, crisis intervention, engagement and middle phase therapy, groups. Recovery oriented and integrated care.
--

What theoretical orientations will students be exposed to at this site?

Adlerian, Humanistic, Cognitive (CBT), Existential
--

Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

Yes. Psychiatrists, Nurses, Social Workers, Psychologist, Case Managers, People with Lived Experience.
--

Los Angeles County Dept. of Mental Health

Does your agency have Peer Specialists or Service Extenders providing services?

Yes ☒

No ☐

List locations where students will be providing services **other than agency**?

At homes of clients, community partner centers.

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes ☐

No ☒

Supervision:

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree/License
Individual	1	MSW/LCSW: LCS25111, LCS27692, LCS29625, LCSW62671; Ph.D.: PSY18263
Group	2	MSW/LCSW: LCS25111, LCS27692, LCS29625, LCSW62671; Ph.D.: PSY18263
Individual & Group		

Do you have one or more staff, who is licensed by:

- ☒ California Board of Psychology
- ☒ California Board of Behavioral Sciences
- ☒ California Board of Medical Examiners

Does your agency provide the student with the following minimum training experiences?

A. One hour of direct individual or group experience with an on-site licensed staff?

Yes ☒

No ☐

B. Weekly staff meetings

Yes ☒

No ☐

C. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes ☒

No ☐

Students will be evaluated through (please check all that apply):

<input checked="" type="checkbox"/> Direct observation by clinical staff of student's clinical work	<input checked="" type="checkbox"/> Review of audio or video recording of student's sessions
<input checked="" type="checkbox"/> Report of clinical work in supervision	<input checked="" type="checkbox"/> Review of student's written clinical notes
<input checked="" type="checkbox"/> Co-facilitation of groups/sessions with clinical staff	<input checked="" type="checkbox"/> Other (specify): Process Recordings

Selection of Students:

Los Angeles County Dept. of Mental Health

After Director of SPDP approval, are all students free to call you to set up interviews?

Yes ☒

No ☐

Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes ☒

No ☐

Does your agency prefer the student to work from a particular theoretical orientation?

Yes ☐

No ☒

If yes, please specify: _____

Does your agency require a particular range of previous experience or specific prerequisite coursework? If so, please explain.

No. Yet, we prefer an intern with some experience providing direct clinical services.

Agency Application Process

Does your agency have any formal application process required of students beyond what is listed above?

Yes ☐

No ☒

If yes, please specify

Please specify dates your agency accepts students _ August-May _____

Supervision will be in compliance with professional standards established by the following:

☐ APPIC

☐ AAMFT

☒ NASW

☐ Other (specify): _____

I confirm that my supervisor has approved participation in the SPDP.

Please acknowledge this by checking the following box ☒

DMH Staff completing this form: Name: Anthony Alvarado, LCSW Title: Mental Health Clinical Program Manager II

Supervisors: Name: Anthony Alvarado, LCSW Title: Mental Health Clinical Program Manager II

Date of Completion: 2/9/2016